Case 23-10611-amc Doc 18 Filed 03/15/23 Entered 03/15/23 11:34:59 Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Debtor 1 NIKEYA BOONE Middle Name Last Name 1. There is no presumption of abuse. Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: _EASTERN DISTRICT OF PENNSYLVAI ▼ Means Test Calculation (Official Form 122A-2). Case number 23-10611 ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later. Check if this is an amended filing Official Form 122A—1 **Chapter 7 Statement of Your Current Monthly Income** 12/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ☐ Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2 41 Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions 4,250.00 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 1 Debtor 2 or farm 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 - \$Copy here→ Net monthly income from a business, profession, or farm 0.00 0.00 6. Net income from rental and other real property Debtor 1 \$ 0.00 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 -\$ Copy Net monthly income from rental or other real property 0.00 0.00 7. Interest, dividends, and royalties 0.00

Debtor 1	NIKEYA	BOONE	Case number (if known) 23-10611			
	First Name Middle Name	Last Name				
			Colun Debto		Column B Debtor 2 or non-filing spouse	9
8. U	Inemployment compensation		\$	0.00	\$	
:	Do not enter the amount if you contenunce the Social Security Act. Instead	d that the amount received was a benefit , list it here:	·		T	•
	For you					
d d d	penefit under the Social Security Act. not include any compensation, pension United States Government in connect disability, or death of a member of the pay paid under chapter 61 of title 10, the	ot include any amount received that was a Also, except as stated in the next sentence, do in, pay, annuity, or allowance paid by the ion with a disability, combat-related injury or uniformed services. If you received any retired then include that pay only to the extent that it I pay to which you would otherwise be entitled if other than chapter 61 of that title.	\$	0.00	\$	
a te	Do not include any benefits received un as a victim of a war crime, a crime aga errorism; or compensation, pension, p States Government in connection with	isted above. Specify the source and amount, under the Social Security Act; payments received ainst humanity, or international or domestic pay, annuity, or allowance paid by the United of a disability, combat-related injury or disability, or ervices. If necessary, list other sources on a				
		· 	\$	0.00	\$	
			\$	0.00	\$	
	Total amounts from separate pages,	if any.	+ \$	0.00	+ \$	
	column. Then add the total for Column	y income. Add lines 2 through 10 for each a A to the total for Column B. Means Test Applies to You	\$	4,250.00	+ \$	= 4,250.00 Total current monthly income
	12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11			Cox	ny lina 44 hava	\$ 4,250.00
,					py line 11 here 🌶	x 12
1.	Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the form.				12b.	\$ 51,000.00
13. C	Calculate the median family income	that applies to you. Follow these steps:				
F	fill in the state in which you live.	PENNYSLVAN				
F	fill in the number of people in your ho	usehold. 2				
Т	o find a list of applicable median inco	ur state and size of household ome amounts, go online using the link specified in also be available at the bankruptcy clerk's office.	the sepa		13.	\$ 74,369.00
14. H	low do the lines compare?					
14	4a. 🗹 Line 12b is less than or equal Go to Part 3. Do NOT fill out	I to line 13. On the top of page 1, check box 1, <i>Th</i> or file Official Form 122A-2	ere is no	presumption	o of abuse.	
1.	4b. Line 12b is more than line 13 Go to Part 3 and fill out Form	. On the top of page 1, check box 2, <i>The presum</i> , 122A–2.	otion of a	buse is deter	mined by Form 122	A-2.

Debtor 1	NIKEYA First Name Middle Name Last N	BOONE	Case number (if known) 23-10611
Part 3:	Sign Below		
	By signing here, I declare under pen	alty of perjury that the information	on this statement and in any attachments is true and correct.
	Signature of Debtor 1		Signature of Debtor 2
OLOV THOSE OF THE STATE OF THE	Date MM / DD / YYYY		Date MM / DD / YYYY
497 447 447 447	If you checked line 14a, do NOT	fill out or file Form 122A-2.	
	If you checked line 14h, fill out Fo	orm 122A–2 and file it with this form	m